



12-15-04

PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/712,975
Filing Date	November 13, 2003
First Named Inventor	Ivan Osorio
Art Unit	3762
Examiner Name	Jeffrey R. Jastrzab
Attorney Docket Number	11738.00144

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address  <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <input type="checkbox"/> Express Mail Certificate  <input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Remarks <p>The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to my Deposit Account No. 50-0961.</p> <p>Check No. 2331 for \$265.00 enclosed for extra claims and terminal disclaimer</p>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Offices of Donald R. Schoonover		
Signature			
Printed name	Donald R. Schoonover		
Date	December 14, 2004	Reg. No.	34,924

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Donald R. Schoonover	Date	Dec. 14, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC 14 2004

# FEET TRANSMITTAL FOR FY 2005

		Application Number	10/712,975
		Filing Date	November 13, 2003
		First Named Inventor	Ivan Osorio
		Examiner Name	Jeffrey R. Jastrzab
[x] Applicant claims small entity status		Art Unit	3762
TOTAL AMOUNT OF PAYMENT (\$ 265.00)		Attorney Docket No.	11738.00144

## METHOD OF PAYMENT

[X] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other \_\_\_\_\_

[ ] Deposit Account Deposit Account Number: 50-0961 Deposit Account Name: Donald R. Schoonover

For the above-identified deposit account, the Director is hereby authorized to:

[ ] Charge fee(s) indicated below [ ] Charge fee(s) indicated below, except for the filing fee

[X] Charge any additional fee(s) or under payments of fee(s) [X] Credit any overpayments  
under 37 C.F.R. § 1.16 and 1.17

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 more than in the original patent

#### Small Entity

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Fee (\$)

Total Claims	Extra Claims			Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
	Fee (\$)	Fee (\$)	Fee (\$)			Fee (\$)	Fee Paid (\$)
18 - 32 =	0	X	25.00	=	0.00		

Indep. Claims	Extra Claims			Fee (\$)	Fee Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)		
6 - 4 =	2	X	100.00	=	200.00

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof.

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 = 0	/ 50 = (round up to a whole number)	x 125.00	= 0.00

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other: terminal disclaimer

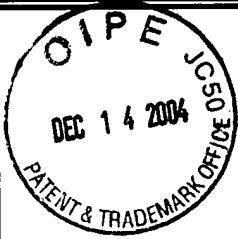
Fees Paid (\$)

0.00

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## SUBMITTED BY

Signature		Telephone 417-724-2188
Name	Donald R. Schoonover	Registration No. 34,924
		Date: <u>Dec 14 2004</u>



## Certificate of Mailing under 37 C.F.R. § 1.10

I hereby certify that this correspondence in regard to **VAGAL NERVE STIMULATION TECHNIQUES FOR TREATMENT OF EPILEPTIC SEIZURES**, Application No. 10/712,975 filed November 13, 2003, including the following:

**Form PTO/SB/21: Transmittal Form**  
**Amendment in Response to Office Action (8 pages)**  
**Fee Transmittal Letter for FY 2005 (in duplicate)**  
**Check No. 2331 in the amount of \$265.00 for the fees**  
**Form PTO/SB/82: Revocation of P.O.A. and New P.O.A. with Change of Correspondence Address (2 pages)**  
**Form PTO/SB/26: Terminal Disclaimer**  
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is being deposited with the United States Postal Service with sufficient postage as Express Mail Label No. **ED 294 746 593 US**, Post Office to Addressee, in an envelope addressed to:

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Alexandria, Virginia 22313-1450

on December 14, 2004.

  
\_\_\_\_\_  
Donald R. Schoonover  
Reg. No. 34,924